

Early Developmental Screening and Intervention (EDSI) 2010 Learning Collaborative

Frequently Asked Questions

Why this is worth doing?

- This is an effective way to implement a quality improvement program necessary for Maintenance of Certification beginning in 2010
- Using structured screening tools has been shown to improve care, save time, and streamline the referral process to community resources
- Other pediatricians have found the EDSI program helps solve office challenges, including:
 - fewer “hand on the doorknob” issues
 - better office flow
 - more efficiency,
 - better use of doctor and staff time
 - more successful referrals of children to local resources
- You will learn a valuable process for making changes in your practice. You will be able to apply this process to help you provide better care and to help your practice run more efficiently.
- You will have access to local and national experts in quality improvement and preventive and developmental services
- Local physicians who have successfully made these improvements are available to share what works.
- This program has been approved by the American Board of Pediatrics as meeting the new maintenance of certification Part IV Performance in Practice requirement. Participants will receive MOC and CME credit.

How much time will it take?

Physicians usually spend 4 hours per month over 10 months designing and testing changes, and participating in one in-person meeting and monthly calls or Webinars with peers. In most practices one or two staff members spend about one hour per week working on the changes and collecting modest amounts of data. Previous participants find that the changes are saving time and improving care.

What aspects of care will I work on?

Broadly, participating physicians work to improve developmental monitoring during well-child visits for all patients and then provide guidance to parents when an issue is identified. Each practice is able to choose specific interventions or topics based on your priorities and what is feasible for your practice.

Do we have to focus on developmental screening? We're seeing a lot of other problems like pediatric obesity where I'd like to improve our quality of care. Can we choose that instead?

This program focuses specifically on developmental screening. However the improvements previous participants have seen as a result of implementing this program –i.e., effective communication with patients, working as a team in the practice, using specific screening tools – impact all areas of preventive and primary care.

My patients don't have any concerns about how I communicate with them, why should I be involved?

Despite doctors' best efforts, surprisingly few patients remember what they heard during physician visits, and very few parents say that their specific concerns about their young child are addressed during well child visits. Many physician improvement studies show that while patients/parents may not complain about communication, their satisfaction increases substantially when these kinds of improvements are in place.

I see that teams will work on eliciting developmental as well as psychosocial issues, but I can't ask my patient some of these questions that might be sensitive or insulting.

Studies show that asking standard questions of all parents is by far the best way to avoid missing important developmental concerns, and to help parents understand what information you need them to share with you. Parents from all backgrounds welcome your questions and appreciate that you care about their stresses and what is happening in their family.

Do you have the materials in other languages?

Materials for use with parents, including screening tools, are available in English and Spanish.

Won't patient visits take more time if I make these improvements?

No, the number of patients and visit length will not change. Previous participants actually felt less rushed because they spent time on priorities for the specific child and family. Patients found the visits more valuable, are more prepared for discussions, spend less unproductive time waiting for visits, and feel more satisfied that their concerns have been addressed.

Only pediatricians who were initially certified after 1987 must demonstrate quality improvement (QI) skills for recertification. Why should I do this if I don't have to recertify?

Younger pediatricians in your practice, and those who are lifetime certified but who recertify voluntarily, will need evidence of QI activities to remain certified. For all pediatricians, practice-based QI is an important skill in the profession.

Is there any compensation for participating?

Doctors and medical groups typically pay high fees for CME and for practice improvement consulting. You will receive CME credit – at not cost – for every hour that you spend on these activities (up to half of your three year requirement). You will also receive screening tools at no cost and free educational seminars from leading experts in the field.

Who will be involved from my practice? What will they need to do?

Each practice forms a 3-4 person team that will design, test and implement ideas over 10 months. Teams should include a doctor, nurse or medical assistant, front or back office staff. One staff member will organize the required activities: (1) completing a brief monthly checklist (practice self assessment), (2) having about 15 patients per month complete a short survey, and (3) completing a brief medical record review (15 per month) on well child visits. The full team will participate in one in-person workshop, and at least one team member will join a monthly webinar or coaching call with project faculty and physician peers.

Does the team have to include an MD, office manager, and RN or medical assistant? What if the MD doesn't have time to come? Can I just send the office staff?

Practices are much more successful, make progress more quickly, and receive greater value from their time investment when a balanced team is involved. While each team member is important to the program's success, having a physician leader who can make decisions and implement changes within the practice, is crucial to the effectiveness of the program.

Does the team have to participate in all meetings and calls? What if we can't make some of them?

It is strongly encouraged that each practice team participate in all activities. Practices make more progress when they join all meetings and calls because the content builds from one session to the next. National experts and pediatricians from Los Angeles who have successfully made these changes will be available to help you.

The collaborative activities are designed to maximize the team's efforts in the beginning to ensure the program will be sustainable and effective in the long-term. It is highly encouraged that participating physicians attend all meetings to increase efficiency as the program continues and beyond.

I am interested, but I don't know how to convince my director that we should participate.

We can help you explain the benefits of participating, and there are national and local doctors and medical group directors who are willing to help and/or explain their experience to your director. We have worked successfully with many different types of practice settings.

Can I get a "preview" of the materials and tools?

Yes. Our program staff and primary care practices that have participated in this program are available to answer any questions about what is involved and how this program can meet your specific goals. Please contact the project team at edsi@ucla.edu for more information about the materials and tools.

How do I apply?

If you are interested in applying, please visit our web site at www.aapca2.org or email us at Chapter2@aap-ca.org for more information.